

**Women After War  
Vietnam Experiences and Post-Traumatic Stress:  
Contributions to Social Adjustment Problems of  
Red Cross Workers and Military Nurses**

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Statement of the Research Problem

Until recently, little notice was given to the wartime experiences and post-war problems of American women who served in war zones. In particular, despite widespread attention to male Vietnam veterans, the war-associated experiences, problems, and contributions of women who served in Vietnam have been largely ignored and little acknowledged. The unveiling of the Women Vietnam Veterans Memorial on Veterans' Day, 1993, twenty years after the end of the war, reflected the United States government's first official recognition of services provided by military women during the Vietnam war. However, the contributions of women who served in Vietnam with the American Red Cross, and other civilian groups, have not yet been acknowledged.

This study examines the unique experiences and reactions of Red Cross workers and military nurses who served in Vietnam between 1968 and 1973. Since no formal records were kept of either military or civilian women who went to Vietnam, their exact numbers will never be known. However, Red Cross workers and military nurses were considered the two largest groups of women to have served (Kulka et al. 1990). Specifically, this study explored the relationships between the women's Vietnam experiences and Post-traumatic stress symptoms (PTSD) they reported at the time of study. Additionally, relationships between the two groups' PTSD symptoms and later social adjustment problems with their mates, children, extended families, co-workers, and friends were examined.

Research Background

The study was framed by two theories. The first was a theory of post-traumatic stress. John Wilson's (1989) Person-Environment Interaction model provided a four-element framework for understanding post-traumatic stress: the person, the traumatic environment, the trauma, and the post-trauma adaptation. Since this framework could readily be applied to women's war-zone experiences, the model was selected.

A second theoretical frame for this research was the Stone Center Scholars' (Wellesley College) "Self-in-Relation" theory. The theory suggested that women's psychological development occurs in a relational context and that developmental problems are associated with relational damages such as loss by death or unexpected disappearances (Miller, 1987). The study viewed Vietnam experiences, PTSD symptoms, and social adjustment in the context of relational theory. This view provided a means for consideration of the developmental effect of war zone experiences and post-war problems upon the women's post-war social adjustment with

mates, children, extended families, co-workers, and friends. Their training and practice suggest that they are appropriate resources for the development of policy, programs, and psycho-social treatment for this rapidly expanding population. Since the end of the Vietnam war the number of women joining the military has increased greatly, as have their roles and presence in combat situations such as the Persian Gulf War and Somalia. Civilian women have also served in these combat zones. It appears likely that American women will continue to be present in combat environments in expanding numbers. Thus, an examination such as this study provides of the experiences and post-war problems of military and non-military women who serve in war zones contribute to program planning appropriate for their needs and contribute to prevention of post-war problems for women who will do war zone service in the future.

### Methodology

The purposive sample (n=335) of 223 Red Cross workers and 102 military nurses responded to a mailed questionnaire. The names and addresses of 289 American Red Cross workers and 197 military nurses were from mailing lists given to the researcher by leaders in each group. In all, 486 questionnaires were mailed. Three hundred and thirty-five responses (a response rate of 69%) were returned and found appropriate for the study. Measures for Vietnam experiences, PTSD symptoms, and demographic data were developed by the author. The CES-D scale for depressive symptoms and the Social Adjustment Scale developed by Myrna Weissman were also utilized. The relationships of Vietnam experiences to PTSD symptoms and of Vietnam experiences and PTSD symptoms to social adjustment were examined by means of multiple regression analyses. Comparisons between the two groups were examined by means of Chi-Squares. Other comparisons were made with t-tests for samples with independent means.

### Results

Experiences of women in Vietnam included loss, exposure to danger, sexual harassment, and inadequate preparation for war. Most (98%) of the extremely youthful Red Cross and military women were exposed to catastrophic danger. Nurses were more likely to come in contact with large numbers of injured and dying, to feel responsible for another's death, and to report shortages of essential personnel and supplies. Red Cross workers reported more frequent sexual harassment. Both groups suffered PTSD symptoms, with nurses showing more short-term effects and more frequent nightmares and alcohol problems. Disruption and loss of relationships through death or disappearance, feeling responsible for the death of another, denial of emotions, inadequate preparation for Vietnam, and sexual harassment contributed to PTSD symptoms. An important finding was that status as nurse or Red Cross worker did not contribute to PTSD symptoms. In 1987, a third of the group reported depressive symptoms, PTSD symptoms, and vulnerability to social adjustment problems (when compared with other clinical and non-clinical samples of women, the sample who had been in Vietnam reported higher numbers of depressive symptoms).

Sets of variables were entered into a hierarchical regression equation with PTSD over the first 12 years as the dependent variable. Red Cross or military status, age, preparation, and relation to casualties were entered first, followed by five sets of Vietnam experiences. Forty-seven percent of the variance was explained by status, age, preparation, relation to casualties, sexual harassment, catastrophic dangers, and working conditions. Relationship to casualties and preparation for the experience accounted for the largest amounts of explained variance, 15% and 12%, respectively.

A second series of regression analysis was performed using seven areas of social adjustment as dependent variables, namely sexual partner, work, homemaker, nuclear family, children, extended family, and friends. Long-term PTSD, financial problems, and experiences in Vietnam were entered as independent variables. Adjusted variance explained ranged from a low of 7% (children) to a high of 20% (extended family). The adjustment areas next most strongly influenced were homemaker, work, and nuclear family. The adjustment areas next most strongly influenced were homemaker, work, and nuclear family. The individual contribution of PTSD symptoms were significant for five of seven adjustment areas, namely with mates, children, family, friends, and work.

#### Utility for Social Work Practice

Theory and study findings suggested that healing from war-zone trauma requires rebuilding of personal connections, both personally and socially. Self-in-relation theorists have suggested two directions for healing: empowerment through relational connection, and the creative use of anger in social and political arenas. Study results point to needed program and policy changes in the following organizations: the American Red Cross to institute adequate preparation for war-zone workers; Armed Forces for elimination of sexual harassment; VA for development of programs and policies focused on women and appropriate for their needs. Social workers are already present in sizable numbers in these organizations.

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